



ACES
Automated Communications
Exchange System

Communicating Electronically with Employers

Retirement File Transfer Certification Process

Date: **October 2007**

Version: **5.0**

Retirement File Transfer Certification Process

Table of Contents

Table of Contents	i
Purpose	2
Intended Audience	2
References	2
Roles and Responsibilities	2
Certification Checklist	4
Appendix A: Certification Test Transactions	5
Appendix B: Transmission File Layout	6

Purpose

This document provides detailed information on the Employer Retirement File Transfer Certification Process, a prerequisite for participation in the File Transfer Process in production. This document addresses the following subjects:

- Roles and responsibilities
- Retirement certification checklist or criteria
- Retirement certification test conditions
- File layout

NOTE: Retirement employers who fall into one of the following categories must go to and use the Retirement File Transfer Certification Process and complete the certification conditions for their employer type.

- Employers requesting Retirement File Transfer Access
- State Employers—Non-Central
- Public Agency Employers contracting for Retirement Coverage

Intended Audience

The intended audience for this document includes staff in the following roles (detailed role descriptions are found in Roles and Responsibilities Section below):

- **ACES Employer Certifier:** CalPERS point-of-contact responsible for contacting Employers to determine interest in participating in ACES and assisting Employers through the certification process.
- **Employers:** Agencies who expressed interest in participating in ACES File Transfer.
- **Retirement Program Area Staff:** CalPERS point-of-contact(s) responsible for business support (i.e., clarifying and/or explaining business rules) to the ACES Employer Certifier and Employers.
- **PARIS Account Administrator:** CalPERS point-of-contact responsible for receiving and filing security forms and granting/approving user IDs/access to ACES.

References

- **PERS Registration and Enrollment Functional Requirements Definition document:** Identifies the business objectives, scope, and functionality of ACES.

Roles and Responsibilities

ACES Employer Certifier:

- Contacts the Employer to determine Employer interest and participation.
- Provides the Employer with ACES file transfer certification information.
- Schedules a conference call with the Employer to answer questions they have regarding the certification requirements and process.
- Provides the Employer with the certification user ID, password, and URL.
- Provides the Employer with Expected Results Spreadsheet (ERS) which is the list of transaction requirements/certification conditions according to the agency/employer type. See Appendix A for lists of required transactions.
- Requests the Employer to complete the ERS by providing test SSNs and names.
- Prepares the certification environment for testing.
- Runs the batches.
- Reviews the batch results.
- Monitors the transaction types and scenarios.

- Compares the batch results with the expected results.
- Discusses and documents the variances or errors with the file and/or transactions with the Employer.
- Ensures all test transactions passed and have met the expected results.
- Determines the employer's readiness for transition into production.
- Ensures that all the items on the File Transfer Certification Criteria Checklist are completed.
- Requests the Employer to send the security forms to the PARIS Account Administrator.

Employer:

- Reviews ACES file transfer certification information.
- Determines whether the agency will use ACES file transfer or not.
- Participates in conference call with CalPERS.
- Returns the completed ERS to the ACES Employer Certifier.
- Creates the test file(s) according to the file layout (see Appendix B) so that the information extracted from the Employer's internal system can be submitted, received, and processed by CalPERS.
- Transmits the test file(s) containing the certification test transactions (see Appendix A).
- If the test file(s) do not transmit successfully, makes the necessary changes to the process(es) and/or program(s) that create(s) the file(s) so that they correspond to the record layout and transmit successfully.
- Submits as many test files as necessary until all the transaction requirements/certification conditions expected results are met.
- Signs and forwards the security forms to the PARIS Account Administrator.

Program Area:

- Acts as a program area expert for the ACES Employer Certifier for business related questions during the certification process.

PARIS Account Administrator:

- Receives and files the security forms
- Creates the production user ID and password for the employer's on-site system administrator and provides them with the production URL, userid, and password and trains them on PARIS.

Certification Checklist

RETIREMENT FILE TRANSFER CERTIFICATION CRITERIA CHECKLIST Color coded as follows: Employer , ACES Employer Certifier , Program Area , PARIS Administrator	
1.	ACES Employer Certifier contacted Employer regarding interest in file transfer
2.	ACES Employer Certifier scheduled & conducted conference call with Employer
3.	ACES Employer Certifier provided Employer with certification information that included the file layout (Appendix A) & the ERS that Employer completed & returned during test cycles
4.	ACES Employer Certifier assigned & provided Employer with certification user ID & password
5.	Employer returned completed ERS to ACES Employer Certifier. If a certification condition was not applicable to an Employer, provided reason why condition did not apply
6.	ACES Employer Certifier notified Employer of any test SSNs that needed to be replaced
7.	Employer supplied new test SSNs
8.	ACES Employer Certifier verified all test SSNs selected met testing criteria
9.	ACES Employer Certifier requested DBA to have SSNs loaded into certification database
10.	ACES Employer Certifier notified Employer certification environment was ready for testing
11.	ACES Employer Certifier walked Employer through file transmittal process
12.	Employer created & transmitted file according to file layout provided
13.	If load errors, ACES Employer Certifier worked with Employer to resolve load error problem. Repeated steps 12-13 until no more load errors. If no load errors, went to step 14
14.	Employer submitted test file with no load errors
15.	ACES Employer Certifier ran batch process for file submitted
16.	ACES Employer Certifier reviewed output reports, verified test results on database, & documented results of batch processes on ERS
17.	ACES Employer Certifier contacted Program Area regarding any business related problems with test records
18.	Program Area responded to any business related problems with test records
19.	ACES Employer Certifier sent updated ERS back to Employer. If all required certification transaction requirements/conditions expected results were met, went to step 23. If not all required certification transaction requirements /conditions expected results were met, went to step 20.
20.	ACES Employer Certifier worked with Employer using updated ERS to correct problems & trained employer on results, exceptions, etc.
21.	Employer corrected problems
22.	Repeated steps 12-21 until all certification transaction requirements/conditions expected results were met
23.	Employer completed & passed all required certification transaction requirements/conditions expected results
24.	ACES Employer Certifier transitioned Employer to production environment
25.	Employer completed & submitted security forms for on-site system account administrator to Paris Account Administrator
26.	PARIS Account Administrator created production user ID for on-site account administrator & trained on-site account administrator on PARIS functions

Appendix A: Certification Test Transactions

ACES File Transfer Certification Conditions (Retirement Membership)		
ACES Transaction Type	Transaction Event	Result
New Enrollments:		
11	New PERS Enrollment	Successfully Applied
11	New PERS Enrollment - Effective Date > 30 Days in Future	Agency Error
11	New PERS Enrollment – Return to Active Status After Permanent Separation	Successfully Applied
Change Transactions:		
8	Change of Address	Successfully Applied
9	Subscriber Name Change (e.g., Due to Marriage/Divorce)	Successfully Applied
9	Birth Date (Uncertified by CalPERS) Correction	Successfully Applied
9	Gender Correction	Successfully Applied
12	Temporary Separation	Successfully Applied
12	Permanent Separation	Successfully Applied
13	Change Coverage Group Due to Appointment to Another Coverage Group	Successfully Applied
Transactions for School Employers Only:		
11	County Office of Education: New Enrollment for County Office of Education Employee	Successfully Applied
11	County Office of Education: New Enrollment for District Employee	Successfully Applied
12	County Office of Education: Permanent Separation for District Employee	Successfully Applied

Appendix B: Transmission File Layout

Effective February 17, 2004

NOTES:

- * Each record type will be fixed length.
- * Date fields not containing data must be filled with spaces -- not zeroes.
- * Phone number fields not containing data must be filled with spaces -- not zeros.
- * Numeric fields (other than date and phone number fields) must be right justified with leading zeroes.
- * Alphanumeric fields must be left justified with trailing spaces.
- * Optional fields (numeric and alphanumeric) can be filled with spaces.

Transmission File Layout								
Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
All	Record Type	1	3	N	R	100		Header : 1 per Transmission
						300		Participant: 1-n per Transmission
						400		Health Subscriber: 1 per Participant
						500		Health Dependent : 0-n per Health Subscriber
						700		Remark : 0-1 per Participant
						900		Footer : 1 per Transmission
100 Header	Extract Date/Time	4	14	cyymmddhhmmss	R			Date/Time the extract was produced.
	Transmission Organization Id	18	16	N	R			Unique Organization Identifier for the agency submitting the file.
	Processing Detail Format	34	1	A	R	(A)ll (E)xceptions		ACES Processing Detail File selection preference. Indicates whether All transactions will be included or only the Exceptions.
	Email	35	255	A	O			The e-mail address that the ACES Processing Summary will be sent to.
	Record Length	289						
300 Participant	Transaction #	4	6	N	R			Unique transaction number within the transmission file, used to link the related record types. The Transaction numbering sequence will be from 1 to 999999 for each transmission file that is submitted by the agency.
	SSN	10	9	N	R			Participant's SSN.
	Transaction Type	19	3	A	R		Y	Indicates the type of transaction that is being submitted by the agency.
	Organization Id	22	16	N	O			Identifies the participant's employer. Unique Organization identifier used within the COMET database.
	SCO Agency Code	38	3	N	C			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO). SCO Position # = Agency (3), Unit (3), Class (4), Serial (3).
	SCO Department Code	41	3	N	C			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO).
	SCO Unit Code	44	3	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
300 Participant (cont.)	SCO Class Code	47	4	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
	SCO Serial Number	51	3	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
	PERS ER Code	54	4	N	C			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO).
	PERS School Agency Code	58	3	N	C			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO). Used for school districts.
	Pay Entity	61	3	A	R		Y	Identifies the entity that processes the employee's payroll and health deductions.
	Payroll Office Code	64	1	A	C		Y	Identifies the type of agency and the employment status. Required for New Health Enrollments (Tran Type = 1).
	Agency Employee Id	65	16	A	O			Agency's employee identification to be included in feedback file. Will not be stored within the COMET database.
	Last Name	81	30	A	R			
	First Name	111	20	A	C			Required for New Enrollments (Tran Type = 1 or 11).
	Middle Name	131	20	A	O			
	Name Suffix	151	4	A	O		Y	
	Gender	155	1	A	C	M/F		Required for New Enrollments (Tran Type = 1 or 11).
	Birth Date	156	8	ccyyymmdd	R			
	New Birth Date	164	8	ccyyymmdd	C			Participant's updated birth date. Required for birthdate corrections.
	Daytime Phone Area	172	3	N	O			Participant's phone area.
	Daytime Phone	175	7	N	O			Participant's phone number.
	Daytime Phone Extension	182	5	N	O			Participant's phone extension.
	Death Date	187	8	ccyyymmdd	O			
	Addr Type	195	3	A	O	"1" - Mailing "5" - Residential		Describes the subscriber's type of address.
	Street Address	198	30	A	R			Required for Domestic and International addresses. This field is currently limited to 28 characters only.
	Alt Address Line	228	30	A	O			Optional for Domestic and International addresses. This field isn't currently used and is limited to 28 characters only. It is included to support future functionality.
	Suppl Address Type	258	3	A	C		Y	Required if Supplemental Address Line is provided. The title which will appear at the beginning of a supplemental address line when the address is displayed or printed.

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
300 Participant (cont.)	Suppl Address Line	261	30	A	C			Required if Supplemental Address Type is provided.
	Mail Stop	291	10	A	O			Optional for Domestic and International addresses. Indicates a code frequently used with private mailbox rental services, such as Mail Boxes Etc.
	City	301	30	A	R			Required for Domestic and International addresses. This field is currently limited to 21 characters.
	State	331	2	A	C			Required for Domestic addresses.
	Zip Code 5	333	5	N	C			Required for Domestic addresses.
	Zip Code 4	338	4	N	O			Optional for Domestic addresses.
	Zip Code 2	342	2	N	O			Optional for Domestic addresses.
	Province/Territory	344	4	A	C		Y	Required for International Addresses in Canada and Mexico.
	Country	348	4	A	C		Y	Required for International Addresses. Blank for domestic addresses.
	Foreign Postal Code	352	12	A	O			Only Applies to Foreign Addresses.
	Hire Date	364	8	ccyyymmdd	C			The date the participant began working for the agency. Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1).
	Health Eligibility Date	372	8	ccyyymmdd	C			Required for all New Health Enrollments (Tran Type = 1). Date participant is eligible for health benefits.
	Appointment Status	380	3	A	C		Y	Required for New PERS Enrollments (Tran Type = 11), Appointment Status Changes (Tran Type = 12) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's appointment status.
	Retirement System	383	3	A	C		Y	Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's retirement system.
	Bargaining Rank	386	3	A	C			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The Employee Designation of the participant's Collective Bargaining Unit.
	Bargaining Unit	389	3	A	C			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The specific unit from the participant's Collective Bargaining Unit.
	Address Effective Date	392	8	ccyyymmdd	O			Default to Current Date.
	Appt Transaction Eff Date	400	8	ccyyymmdd	C			The Effective Date of the Appointment Transaction. Required for New PERS Enrollments and Appointment Changes (Transaction Types 11-16).
	PERS Coverage Group	408	5	N	C			Required for New PERS Enrollments and Coverage Group Changes (Tran Type 11 & 13).
	Appt Qualification Eff Date	413	8	ccyyymmdd	C			The date that the participant's appointment (with this employer) qualifies for PERS membership. Required for New PERS Enrollments (Tran Type = 11) if either the Manual Enrollment Indicator or Optional Member Indicator = Y.

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
300 Participant (cont.)	Manual Enrollment Ind	421	1	A (No longer used, space field out)	C	Y/N		Indicates if the employee must be manually enrolled. Set to 'Y' if the employee is already a member of PERS or if the employee has completed 1000 hours or 125 days in a fiscal year. Replaces the checkboxes at the bottom of the AESD-1 form (Tran Type = 11).
	Optional Member Ind	422	1	A	C	Y/N		Required for New PERS Enrollments (Tran Type = 11). Indicates if the employee's PERS enrollment is optional or not. Default to 'N'.
	RBO Phone Area	423	3	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	RBO Phone	426	7	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	RBO Extension	433	5	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	Appt ID	438	16	N	O			For CalPERS use only.
	Appt Tenure	454	3	A (No longer used, space field out)	C		Y	Required for New PERS Enrollments and Appt Tenure Changes (Tran Type = 11 & 16). Indicates the duration of an appointment. For instance an appointment may be temporary, or it may be permanent.
	Temp Number of Months	457	3	N (No longer used, space field out)	C			The number of months from the appointment tenure effective date that a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
	Temp Expiration Date	460	8	ccyyymmdd (No longer used, space field out)	C			The expiration date of a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
	Appt Time Base	468	3	A (No longer used, space field out)	C		Y	Required for New PERS Enrollments and Appt Time Base Changes (Tran Type = 11 & 15). Identifies the amount of time, typically measured by weekly hours, an individual works at an Appointment. Examples are Full Time and Part Time.
	Average Per Week Hours	471	6	N (No longer used, space field out)	C			The average number of weekly hours the individual is expected to work. Required only if Appt Time Base = "Part Time".
	Standard Per Week Hours	477	6	N (No longer used, space field out)	C			The standard number of hours normally worked for a full time position in one week. Required only if Appt Time Base = "Part Time".
	Medical Group	483	3	A	C			Required for New Enrollments (Tran Type = 1 or 11) for Public Agencies and Schools that contract for Health Benefits (Active Health Unit).
Record Length		485	Minimum record length must be at least 480 bytes!					

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
700 Remark	Transaction #	4	6	N	R			Same transaction number as Participant.
	Remark	10	255	A	O			Contains the Agency's remarks regarding the transaction record. Used for exception reporting only. Reviewed by CalPERS staff only in case of exception.
	Record Length	264						
900 Footer	Record Count	4	6	N	R			Total number of records submitted. Includes Header and Footer.
	Transaction Count	10	6	N	R			Total number of Participant transactions (<u>300 only</u>) submitted. 1 Participant, 1 Health Subscriber and 3 dependents = 1 transaction.
	Record Length	15						